

DOE/047/017

PS Form 3811, Dec. 1980

● **SENDER:** Complete items 1, 2, 3, and 4.

Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☒ Show to whom and date delivered —¢☐ Show to whom, date, and address of delivery.. —¢2. ☐ **RESTRICTED DELIVERY** —¢*(The restricted delivery fee is charged in addition to the return receipt fee.)***TOTAL \$** _____3. **ARTICLE ADDRESSED TO:**

John Farebanks, Jr.

3927 S. 3030 E.

SLC, UT 84124

BIB

4. **TYPE OF SERVICE:**☐ REGISTERED ☐ INSURED☐ CERTIFIED ☐ COD☐ EXPRESS MAIL**ARTICLE NUMBER**

P492

430 105

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent*John D. Stunt*5. **DATE OF DELIVERY****POSTMARK**6. **ADDRESSEE'S ADDRESS** *(Only if requested)*7. **UNABLE TO DELIVER BECAUSE:**7a. **EMPLOYEE'S INITIALS**

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300**



**RETURN
TO**



**State of Utah
Natural Resources & Energy
Oil, Gas, & Mining
4241 State Office Building
Salt Lake City, Utah 84114**

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)



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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

State of Utah
Nauvoo Energy
Oil, Gas, & Mining
4241 State Office Building
(See Reverse)
Salt Lake City, Utah 84114

Sent to

John FAIRBANKS, JR

Street and No.

3927 S. 3030 E.

P.O., State and ZIP Code

SLC, UT 84124

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to whom and Date Delivered

Return Receipt Showing to whom,
Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Data



DOE/O-47/017

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the left of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Indorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number

4. If you want delivery restricted to the addressee only, write "Restricted" to an authorized agent of the addressee and endorse **RESTRICTED DELIVERY** on the back of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the appropriate blocks in Item 1 of Form 3811

6. Save this receipt and present it if you make an inquiry